

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-049,431	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	3					
5	3					
6	/		/			
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TOTAL IND.	/		6			
TOTAL DEP.	4	↔	4	↔		
TOTAL CLAIMS	5	↔	5	↔		

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↔	
TOTAL CLAIMS		↔	